MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-013297
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 3269

FILED MAR 2 8 1963

DO NOT WRITE ON THIS STUB	AMENDED
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DATE AMENDED — AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — INSTEAD OF — DOCUMENT — SHOULD READ — ITEM NO. — BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH
a. COUNTY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Louis — Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: De Paul Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: St. Louis
c. CITY OR TOWN: Florissant — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 12685 New Halls Ferry Rd. — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Annamarie Middle: Amanda Last: Goeke
4. DATE OF DEATH: Month, Day, Year: March 18, 1963

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 8-25-1919
9. AGE (last birthday): 43 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: xx
11. BIRTHPLACE (City and state or country): Florissant, Mo.
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Harry Haarmann
13b. MOTHER'S MAIDEN NAME: Helen Niehoff
14. NAME OF HUSBAND OR WIFE: Bernard Goeke, Jr.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT: Bernard Goeke, Jr., Address: 12685 New Halls Ferry, Flor., Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY: — INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a): Hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Atony + Lt low uterine Tear
DUE TO (c): Overdistension + tear lt. lower seg.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 672.0

PART III. If deceased was female was there a pregnancy in last 90 days. ☒ Yes ☐ No ☐ Unknown

OK Helen L. Taylor Brown 3-21-63

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-17-63, to 3-18-63 and last saw her alive on 3-18-63
Death occurred at 1:50 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Nicholas A. Corrente M.D.
22b. ADDRESS: Northland Med. Bldg
22c. DATE SIGNED: 3-19-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 3-21-63
23c. NAME OF CEMETERY OR CREMATORY: Sacred Heart Cemetery
23d. LOCATION (City, town, or county) (State): Florissant, Mo.

24. FUNERAL DIRECTOR ADDRESS: The Florissant Mortuary, Florissant, Mo.
25. DATE RECD. BY LOCAL REG.: MAR 20 1963
26. REGISTRAR'S SIGNATURE: Earl Smith, M.D.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by ______________________________, Student Embalmer No.__________

working under my personal supervision.

Student______________________________
Signature of Student Embalmer

Signed Gene A Hutchens

Licensed Embalmer No. 4966

P. O. Address Florissant, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.